

CONTRA COSTA COUNTY Department of Conservation & Development Community Development Division

DEVELOPMENT PLAN APPLICATION					
	TO BE COMPLETED BY	OWNER C	OR APPLIC	ANT	
OWNER		APPLICANT			
Name		Name			
Address		Address			
City, State/Zip		City, State/Zip			
Phone email		Phone email			
By signing below, owner agrees to pay all costs, including any accrued interest, if the applicant does not pay costs. Check here if billings are to be sent to applicant rather than owner. Owner's Signature		By signing below, applicant agrees to pay all costs for processing this application plus any accrued interest if the costs are not paid within 30 days of invoicing. Applicant's Signature			
CONTACT PERSON (optional)		PROJECT DATA			
Name		Total Parcel Size:			
Address		Proposed Number of Units:			
City, State/Zip		Proposed Square Footage:			
Phone email		Estimated Project Value:			
Project description (attach supplemental statement if necessary):			Estimated Floject value.		
Troject decempation (dataen eapprement	nar caroment ii necessary).				
◆ FOR OFFICE USE ONLY ◆					
Project description:					
1 Toject decomption:					
Property description:					
Ordinance Ref.:	TYPE OF FEE	FEE	CODE	Assessor's #:	
Area:	*Base Fee/Deposit	\$	S-	Site Address:	
	Late Filing Penalty	7			
Fire District:	(+50% of above if applicable)		S-066	Zoning District:	
0.1	W1.1. 0405.00			0	
Sphere of Influence:	#Unitsx \$195.00		S-014	Census Tract:	
Flood Zone:	Sq. Ft. x \$0.20			Atlas Page:	
	·	15.00 /			
Panel Number:	Notification Fee Fish & Game Posting	30.00	S-052	General Plan:	
x-ref Files:	(if not CEQA exempt)	75.00	S-048	Substandard Lot: YES NO	
				0	
	Environmental Health Dept.	47.00	5884	Supervisorial District:	
	Other:			Received by:	
Concurrent Files:	TOTAL	c		Data Filad:	
Concurrent Files:	TOTAL	\$		Date Filed:	
	Receipt			File #DP	
	*Additional fees based on time and materials will be charged if staff costs exceed base fee.				

INSTRUCTIONS ON REVERSE